Baby's Name:________________________ Date:____________________
Baby's D O B:________________________ Who is filling out this form?________________
Relationship to Baby?____________________

Mother's Pregnancy and Baby's Delivery

Full Term Premature (If yes, how many weeks gestation?______ weeks)
Vaginal Delivery Cesarean Section
Used during delivery: Suction/Vacuum Forceps
Positioning during delivery: Breech Face Up
Number of births: Single Twins Triplets Quads Other: _________
Pregnancy/Delivery Complications: ____
____

Baby's Diagnosed Conditions

Torticollis Reflux Eczema/Skin Condition Multiple Ear Infections
Heart Condition Developmental Delays Hydrocephalus- with Shunt? ________
Craniosynostosis Metopic Sagittal Coronal Lambdoid Multiple _____
Genetic - If so, please describe ____
Surgery - If so, please describe ____
Other:____

Baby's Developmental History

Currently, he or she can:
Head Control/Holding Upright Rolling front to back Rolling back to front
Pushing chest off the floor Getting to hands/knees Army Crawl
Sitting Independently Crawling Pulling to stand/Cruising Walking
Is he or she currently in Physical or Occupational Therapy? Yes No
If so, How Often? ___ times per (please circle) week / month , with ______________________________
What is baby's preferred sleeping position? Belly Back Sides Mix

Baby's Neck Range of Motion

As far as I can tell, Baby has no preference - he or she looks both ways equally.
Baby favors looking to his or her left Baby favors looking to his or her right
Baby favors leaning/tilting to left shoulder Baby favors leaning/tilting to right shoulder

Baby's Head Shape History

When was a concern regarding the head shape first observed? ________________________________
What about the head shape was concerning? ____
____
Who noticed that? Parent/Caregiver (Who: ______________) Childcare/Daycare/Sitter
Primary Physician/Pediatrician Physical Therapist (Who: ________________________)
Has the baby seen a craniofacial or neurosurgical specialist? No Yes, who?__________________
Have caregivers tried repositioning the baby to improve the head shape? Yes(select below) No
Increased Tummy Time several times per day Physical Therapy/Neck Stretches
Baby sits upright in seat/positioner/held in lap Changing sleeping/napping positions

On a scale of 1-10, with 1 being the least and 10 being the most, how worried are you about baby's head shape?
(Cicle) 1 2 3 4 5 6 7 8 9 10